

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/831596

FILING DATE

APPLICANT(S)

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7							
8	1		1				
9	1		1				
10	2		1				
11			1				
12			1				
13			1				
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49							
50							
TOTAL IND.	2		20		10		
TOTAL DEP.	14	↔	12	↔	20	↔	
TOTAL CLAIMS	16		19		23		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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